

## FOOD SERVICE PERMIT APPLICATION

1720 Commerce Street Garland, TX 75040 (972) 205-3460 (972) 205-3505 Fax

**Business Name:** 

Mailing Address
Health Department
P.O. Box 469002
Garland, TX 75046-9002

OF	FICE USE ONLY	
Fee:		
Permit:		
Class:	Area:	
Issue Date: _		
Exp. Date: _		
☐ Renewal	☐ Mgr. Chg.	□ New
RECV'D BY/REC	EIPT #:	

## **BUSINESS INFORMATION**

Business Address:	Zip:		
Business Phone:	Total Number of Employees		
Corporate Name:			
Corporate Mailing Address:			
3	rner, list name(s), address(es), and phone number(s) of owner(s), franchise holder(s), manager or other responsible party:		
Where would you like this a	oplication to be mailed to next year, Corporate or Business Address?		
	MANAGER INFORMATION		
Со	rporate representative cannot sign for the local store manager. Permits will not be issued with corporate signature.		
ALL INFORMATION IN SSUANCE/RENEWAL OF PI	THIS SECTION MUST BE COMPLETED. FAILURE TO COMPLY MAY DEERMIT.	LAY	
Manager's Name:			
Manager's Home Address:_			
Manager's Home Phone:			
Date Manager Was Employe	ed At Present Store:		
Texas Driver's License #:	Date of Birth:		
Race:	Sex:		
Manager's Normal Weekly S	chedule:		
	provided above is complete, true and accurate to the best of my knowledge. I will also abia rland Health Code to the best of my ability.	le by	

Manager's Signature: